

# Bullying and Cyberbullying – Prevention in Schools

## Position Statement



National  
Association of  
School Nurses

### SUMMARY

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) is a crucial member of the team participating in the prevention of bullying in schools. The school nurse role includes efforts to prevent bullying and the identification of students who are bullied, bully others, or both. *The Framework for the 21st Century School Nursing Practice™* (NASN, 2016) provides direction for the school nurse to support student health and academic success by contributing to a healthy and safe school environment poised to prevent and mitigate bullying and cyberbullying.

### BACKGROUND

In 2014 the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Education released the first federal uniform definition of bullying for research and surveillance; the core elements of the definition include unwanted aggressive behavior, observed or perceived power imbalance, repetition of behaviors or high likelihood of repetition, and the intention to harm (Gladden, Vivalo-Kantor, Hamburger, & Lumkin, 2014). The 2015 Youth Risk Behavior Surveillance System indicates that nationwide 20% of students in grades 9-12 experienced bullying on school grounds (Kann, McManus, & Harris, 2016). The effects of bullying involve not only the individual but also families, friends, schools, and neighborhoods.

Bullying includes both traditional (in person) bullying and cyberbullying, which is defined as using technology to share aggressive messages on social media. Social media can include but is not limited to Facebook, Twitter, or Snapchat. There are two types of students who are more likely to bully others: 1) students who are well-connected to their peers, have social power, are overly concerned about their popularity, and like to dominate or be in charge of others; and 2) students who are isolated from their peers and may be depressed or anxious, have low self-esteem, be less involved in school, be easily pressured by peers, or do not identify with the emotions or feelings of others (U.S. Department of Health and Human Services [USDHHS], 2018a). Some students may be the subject of both traditional bullying and cyberbullying. The 2015 Youth Risk Behavior Surveillance System indicates approximately 16% of high school students were bullied electronically (CDC, 2016). Cyberbullying may provide a venue for some students to bully when they might not otherwise do so in person.

Despite a dramatic increase in public awareness, the prevalence of bullying is still one of the most pressing issues facing our nation's youth (Luxenberg, Limber, & Olweus, 2015). Bullying is a persistent public health concern that has a significant impact in the school setting (USDHHS, 2017a). However, until the past decade, bullying was often dismissed as normative and without long-term effects (Bradshaw, 2016). Research has led to a better understanding of the serious, often long-term, consequences of bullying. Society's shifting perspectives on bullying have been driven by high-profile cases that have resulted in death or suicide. With the growing concern in the U.S. and throughout the world regarding school violence, researchers, educators, and healthcare providers have found that bullying affects students' social-emotional health and has implications for school safety. Therefore, schools and public health officials are looking to understand why children bully and are seeking ways to develop effective strategies to reduce or eliminate risk factors for bullying (Bradshaw, 2016).

While any student can be bullied at school, students with disabilities (USDHHS, 2017a) and other vulnerable populations such as students with academic difficulties and speech impairments (Bradshaw, 2016) are particularly at risk. Students may be bullied based on their physical appearance such as glasses, hair color, and weight (Perron, 2013). Lesbian, gay, bisexual, and transgender students are more likely to be subjected to all types of bullying (USDHHS, 2018b). Research shows a higher number of female students are bullied at school when compared to

male students, but a higher number of male students report being physically bullied and threatened with harm (Robers, Zhang, Morgan, & Musu-Gillette, 2015).

For both the student who bullies and the student who is bullied, bullying can have serious and often long-term consequences including increased school absenteeism, diminished educational achievement, behavior issues, low self-esteem, sleep deprivation, depression, anxiety, and self-harm (Luxenberg et al., 2015). Bullied students are also at risk for physical symptoms including stomach pain, sleep disturbances, headaches, tension, bedwetting, fatigue, and decreased appetite (Kowalski & Limber, 2013). In the *Bullying in U.S. Schools* report, data found that students who bully were more likely to report recent use of alcohol and drugs (Luxenberg et al., 2015). The consequences of bullying can continue into adulthood (Copeland, Wolke, Angold, & Costello, 2013).

At present, no federal law directly addresses bullying. In some cases, bullying overlaps with discriminatory harassment when it is based on race, national origin, color, sex, age, disability, or religion. Federally funded schools have an obligation to resolve bullying and harassment. If the situation is not resolved, the U.S. Department of Education's Office for Civil Rights and the U.S. Department of Justice's Civil Rights Division may be able to help (USDHHS, 2017b).

## **RATIONALE**

Bullying can have serious health, physical, and psychological effects on the student who bullies, the student who is bullied, or the student who both bullies and is bullied. Bullying is not an isolated incident but occurs repeatedly over time. Therefore, according to Selekman, Pelt, Garnier, and Baker (2013), the school nurse should

- Be knowledgeable about bullying, aggression, victimization, and long-term consequences;
- Be aware of the importance of not labeling students as "bullies," "targets" or "victims";
- Participate as a key member of the school team that identifies students who are bullied, bully others or both;
- Share information and observations and alert the school team to signals that may identify students at risk;
- Assess students with frequent unexplained somatic complaints explicitly to screen for bullying and stress;
- Create a safe space at school where students can verbalize concerns about all health issues including bullying and other incidents of violence; and
- Strengthen working relationships with other school staff to be able to share concerns about school bullying (Pigozi & Jones Bartoli, 2016).

School nurses can educate students and staff and advocate for student support. According to Bradshaw (2015), school-based programs could include

- *Multi-tiered systems of support*, which includes three tiers of interventions, a) universal programs or activities for all youth within the community or school, b) selective interventions for groups of youth at risk for being involved in bullying; and c) preventive interventions tailored for students already involved in bullying.
- *Multicomponent programs* that address multiple aspects of bullying behavior and the environments that support it. Examples include examining school rules and using behavior management techniques and social emotional learning in the classroom and throughout the school to detect and provide consequences for bullying.
- *School-wide prevention activities* that include improving the school climate, strengthening supervision of students, and having a school-wide anti-bullying policy.
- *Involving families and communities* by helping caregivers learn how to talk about bullying and get involved with school-based prevention efforts.
- *Developing consistent, long-term, school-wide approaches* that strengthen youth's social-emotional, communication, and problem-solving skills.

## CONCLUSION

Bullying can have severe short- and long-term negative social and emotional effects on the student who is bullied, bullies others, or both. Creating a safe and supportive school environment is critical to preventing bullying and supporting learning and academic achievement. The school nurse is often the sole healthcare provider in an academic setting. Twenty-first century school nursing practice is student-centered, occurring within the context of the student's family and school community (NASN, 2016). School nurses are, therefore, ideally situated to work with other school-based professionals to facilitate bullying interventions (Pigozi & Jones Bartoli, 2016). The school nurse can support evidence-based interventions to prevent and mitigate bullying in the school. The school nurse provides key leadership to promote and enhance student safety, wellness, engagement, and learning.

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